CAHPS 9th national USER GROUP MEETING

How to Use CAHPS Ambulatory Care Surveys to Assess Medicaid MCO and PCCM Programs

AHRQ Agency for Healthcare Research and Quality

CMS

U.S. Department of Health and Human Services

CAHPS 9th national USER GROUP MEETING

Moderator:

Dale Shaller

Panelists:

Julie Brown, RAND

Peter Damiano, University of Iowa

Ben Stein, Metro Plus Health Plan

Ned Lustbader, Primary Care Development Corp.

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CAHPS 9th national USER GROUP MEETING

Adapting CAHPS Ambulatory Surveys to Meet the Needs of Medical Programs

Julie Brown, BA

9th National CAHPS UGM: Baltimore, MD
December 1-3, 2004

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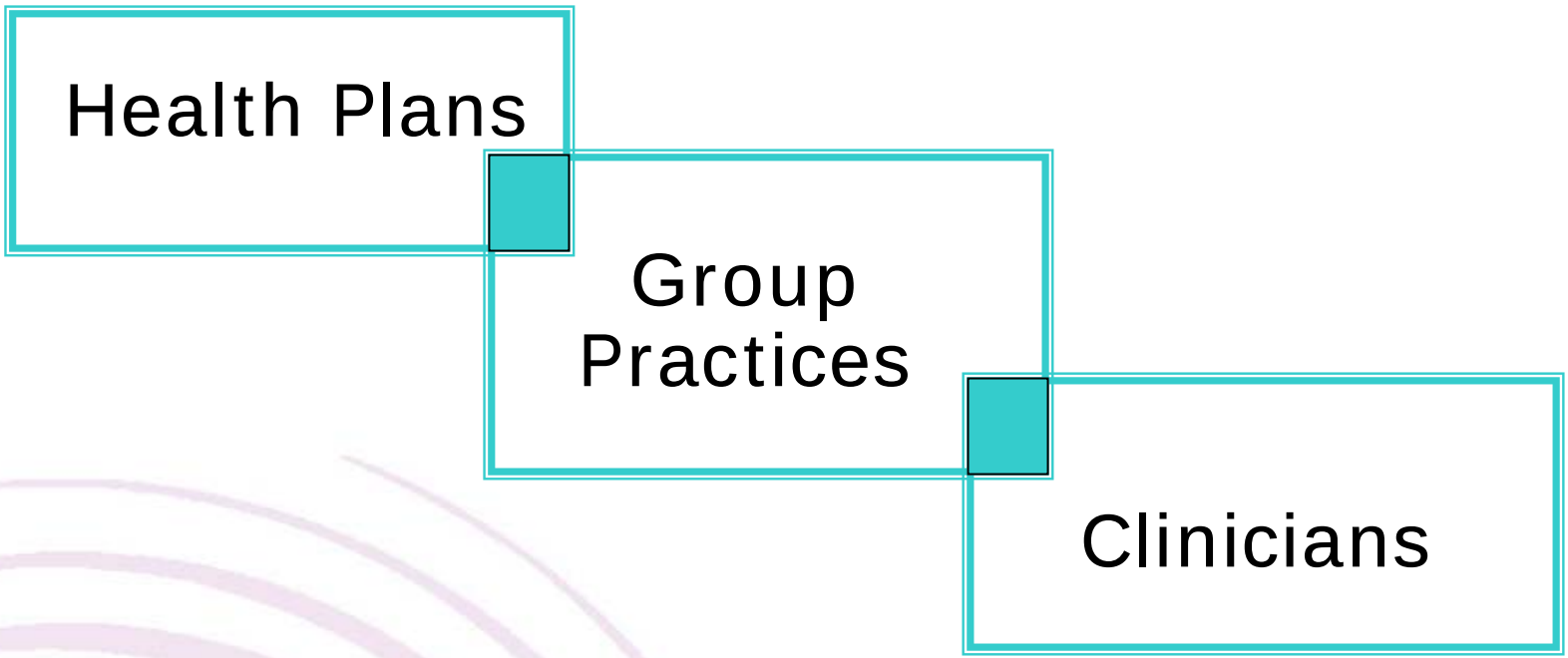
CAHPS Ambulatory Care Surveys

- CAHPS Health Plan Survey
- CAHPS Clinician and Group Survey

Survey Tools: Assess Care at 3 Levels



Important Features of CAHPS Ambulatory Surveys

- Set of Core Measures
  - To construct valid composites
  - To ensure comparability of results across users
  - To facilitate benchmarking
- Pool of Supplemental Measures
  - To collect more detailed information on topics of interest
  - To provide data for quality improvement

Prepackaged Surveys Available for Ease of Use

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Core Survey + Commonly Used Modules = Prepackaged Survey

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Planned Prepackaged Surveys

- Medicare
- Medicaid
- Commercial (Includes PPO)

Customized Surveys

- Survey sponsors can produce customized surveys
- Large pool of tested items to draw from
  - Clinician and group measures
  - More supplemental measures

Assembling a Customized Medicaid Health Plan Survey

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Medicaid Survey + **Quality Improvement Items** = **Jane's Customized Survey**

=

Medicaid Survey + **Visit-specific Clinician Items** = **Joe's Customized Survey**

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Next Steps in Development of CAHPS Health Plan Survey 4.0

Now:

1. Identifying testing partners
2. Integrating findings from cognitive testing

Early 2005

3. Continue to engage stakeholders
4. Field testing, testing, testing
5. Refinement of survey content and item wording

Goal: instrument release by Fall 2005

CAHPS in Iowa: Keeping up with a changing Medicaid program

Peter C. Damiano, DDS, MPH
Director, Health Policy Research Program

Margaret C. Tyler, MA, MSW
Research Assistant

University of Iowa, Public Policy Center

9th National CAHPS Meeting
Baltimore MD
December 3, 2004

The University of Iowa

Iowa CAHPS Collaborative

- University of Iowa Public Policy Center (PPC)
  - Independent evaluator and CAHPS survey vendor for Iowa Medicaid managed care programs
- RAND CAHPS team
  - Ron Hays
  - Julie Brown
  - Donna Farley
  - Pam Short
  - Marc Elliott
  - David Kanouse

The University of Iowa

Iowa CAHPS involvement

1997–Iowa Health Care Purchasing Collaborative

- Iowa Dept of Human Services (DHS)
  - Medicaid
- Iowa Dept of Personnel (IDOP)
  - State employees
- Community Health Purchasing Corporation (CHPC)
  - Private business purchasing collaborative

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Medicaid exclusively today

- CAHPS 1.0 survey
  - early 1998
- CAHPS 2.0 survey
  - winter 2000
- CAHPS 3.0 survey (1.5 year cycle)
  - winter 2002
  - spring 2003

Medicaid CAHPS purpose

1. Biannual Medicaid managed care waiver evaluation report to CMS
2. Internal quality assurance/improvement
3. Informing consumers to meet CMS regulations
4. Informing state policymakers

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Medicaid CAHPS reporting

1. Policy report
   - Iowa CAHPS initially for Medicaid managed care waiver
   - Replaced original consumer survey DHS
     - Policymakers
     - Web
2. Consumer report
   - Single page foldout for all new enrollees
3. Special reports
   - Combined report with HEDIS outcomes to Medicaid oversight committee
   - Part of statewide child health report
   - Evaluation of single managed care plan

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Challenges for Medicaid CAHPS in Iowa

- Changing health plans
- Changing policymakers
- Changing reasons for doing CAHPS
- Changing CAHPS instruments

Changing health plans

- 1997
  - 4 HMOs
  - Primary care case management
  - Fee for service
- Jan 2004
  - 3 HMOs
  - PCCM
  - FFS
- Nov 2004-lost one HMO
- Dec 2004-might lose second HMO

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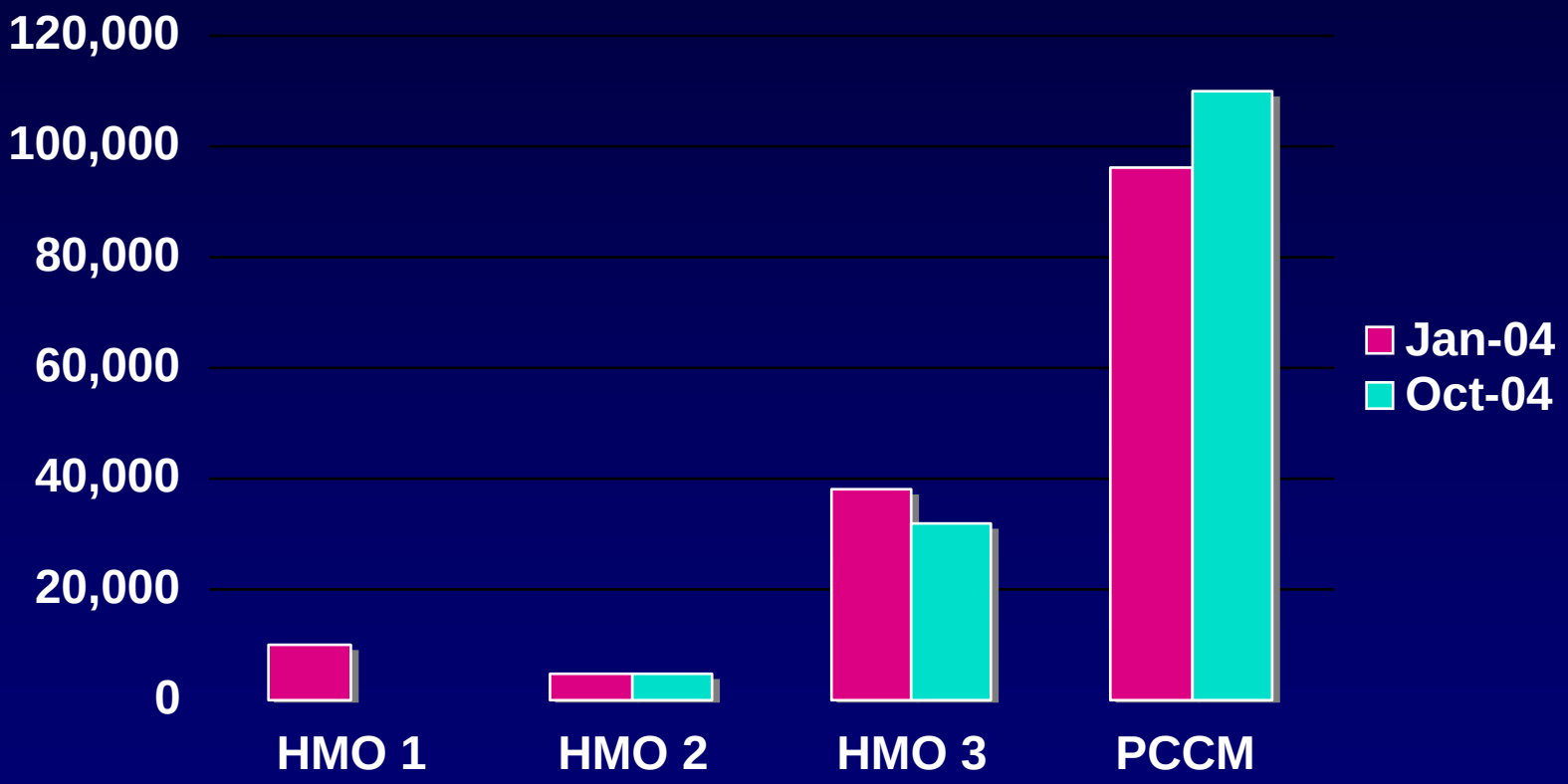
Changing health plans



HMO #3 could be lost in early 2005

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A-CAHPS in Iowa

- Health plan is unit of analysis
  - Even for PCCM (not HC provider)
- Challenging as CAHPS questions move to provider level

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A-CAHPS instrument for Iowa

- Health plan CAHPS core instrument
- Clinician CAHPS core and supplement
- QI test set questions
- ECHO question set
- NHIS unmet need questions
- Dental access questions
- Hotline
- CSHCN /chronic condition screener
  - Disability/chronic disease list
- Compare Medicaid to private. insurance

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Questions for Iowa CAHPS

- Order of questions
  - Begin with "Health care in last 6 months"
    - Start with first health plan questions-needed care
  - Move to "personal doctor" questions
  - Then "health plan" questions
- Composites
- Foils: e.g., never-always
  - 4 pt or 6pt
- Level to ask about prevention questions
  - Plan or provider
- Shared decisionmaking questions

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Ultimate question

- Will we have any plans left to evaluate in Iowa?

MetroPlus Health Plan

PRIMARY CARE DEVELOPMENT CORPORATION

Using CAHPS Results to Assess and Assist Primary Care Facilities

Ninth Annual CAHPS User Group Meeting

December 3, 2004

INTENT AND STRUCTURE

- Improvement of CAHPS scores
  - Collaborative project
    - MetroPlus Health Plan
    - Woodhull Medical Center Pediatric Dept
    - NYU Center for Health and Public Service
    - Primary Care Development Corporation (PCDC)
  - Other QI projects
    - Internal MetroPlus activities
    - Network-wide

AGENDA

- Background on MetroPlus
- History with CAHPS
- Benchmarking
- Survey Administration
- Quality Improvement
- Considerations
- Next Steps

METROPLUS HEALTH PLAN

- Licensed in 1985, HMO and Provider-Owned Health Plan
- Wholly owned subsidiary of New York City Health and Hospitals Corporation (HHC)
  - Public health facilities for New York City
  - 17 Acute Care Facilities and D&TCs, over 200 Satellites
- Total MetroPlus Membership - Approx 220,000
  - **Medicaid (166,000 members)**
  - **Child Health Plus (CHP) (18,000 members)**
  - **Family Health Plus (FHP) (35,000 members)**
  - **MetroPlus Gold (HHC employees) - (1,200 members)**
  - **HIV Special Needs Plan (266 members)**

HISTORY WITH CAHPS

- CAHPS administration using basic NCQA administration protocol since 1999
- NCQA certified vendor contract: **DSS**
- Medicaid Administrations
  - **DSS and New York State Department of Health (NYSDOH)**
- Administration for CHP and FHP 2003

BENCHMARKING

Child	2002 M+ Medicaid	M+ from NYSDOH 2002	2002 NCBD	2003 M+ CHP	M+ from NYSDOH 2003*	2003 Medicaid Average
Rating of Health Plan	80.5%	80%	<25th	83.2%	74%	78.8%
Rating of Doctor	81.2%	79%	25-49th	84.3%	79%	81.4%
Getting Needed Care	NR	75%	<25th	76.6%	72%	81.4%
Getting Care Quickly	NR	79%	<25th	64.7%	62%	78.4%
How Well Doctors Communicate	85.6%	81%	<25th	87.2%	85%	89.0%
Adult				**FHP**		
Rating of Health Plan	80.5%	80%	<25th	83.0%	74%	78.8%
Rating of Doctor	81.2%	79%	25-49th	82.2%	79%	81.4%
Getting Needed Care	NR	75%	<25th	77.1%	72%	81.4%
Getting Care Quickly	NR	79%	<25th	63.7%	62%	78.4%
How Well Doctors Communicate	85.6%	81%	<25th	86.8%	85%	89.0%

- *Combines child and adults Medicaid responses.*
- *NR=Not reported*

INTERVENTIONS

- Internal
  - **Workgroup**
  - **Add questions to survey for problems with service**
- Network-wide
  - **Quality Assurance Committee for Board of Dirs**
  - **HHC QI Collaborative and Strategic Plan**
- Provider Specific
  - **3 years of analyses**
  - **Over-sampled by primary care location for last two years**

ANALYZING PROVIDER VARIATION

- Took an over-sample for each high volume primary care location
- Identified locations significantly different from other high volume PC locations
  - Basic statistical analyses (chi-square)
  - Four low performing facilities
  - **See grid in handouts**

ACTING ON PROVIDER VARIATION

- Four low performing providers asked to either submit corrective action plan or proposal for MetroPlus to pay for a QI project facilitator
  - Corrective action plans often not actionable
  - QI resources otherwise not available
- Two facilities took QI project facilitation
- MetroPlus worked with these facilities
  - $50K maximum each over 1 year
  - Data sharing **(see "report card" handout)**
  - Periodic updates with project manager

HEALTH PLAN CONSIDERATIONS

- Costs
  - Survey vendor
  - Over-sampling
  - Additional questions
- Frequency of survey administration
  - Lack of a system for interim or real time measurements
  - Difficult to develop incentive system

METROPLUS NEXT STEPS

- Best Practice Forum for HHC on 10/25/04
- Possible spread of Woodhull/PCDC to other pediatric sites
- Survey administration for HIV SNP members
- Exploring use of Interactive Voice Response system for ongoing measurement

CAHPS IMPROVEMENT PROJECT
WOODHULL MEDICAL CENTER

- NYU Center for Health and Public Service
  - Intensive analysis of Woodhull CAHPS data
  - Determine factors that contribute to patient (dis)satisfaction

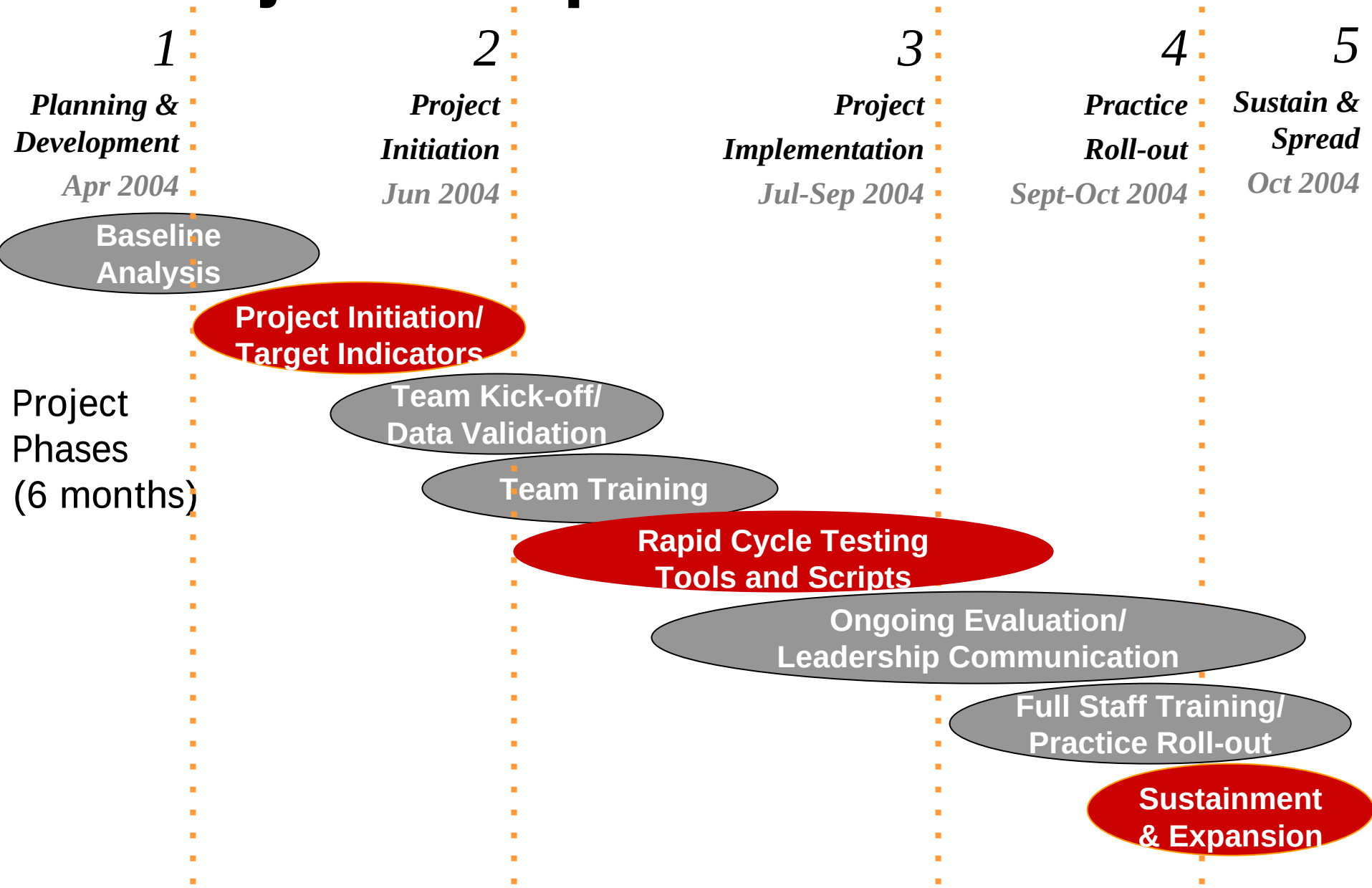
FACTORS THAT CONTRIBUTED MOST TO PATIENT SATISFACTION

- Rating of personal doctor/nurse at site
  - Doctors or other health providers "show respect for what you had to say"
  - Doctors or other health providers "listen carefully to you"
  - Doctor or nurse talked with you about "how your child is feeling, growing, or behaving"
- Office staff at site "as helpful as you thought they should be"
- Office staff at site "treat you and your child with dignity and respect"
- How often did your child "wait more than 15 minutes beyond past the appointment time"
- How often did the doctor or other health provider "spend enough time with your child"

CAHPS IMPROVEMENT PROJECT WOODHULL MEDICAL CENTER

- Primary Care Development Corporation (PCDC)
  - Design and implement an improvement initiative to address low performance in targeted indicators of the CAHPS survey

Project Components & Timeline



CAHPS Scores Being Addressed

1. Rating of personal doctor/nurse at site

2. Office staff at site “as helpful as you thought they should be”

3. Office staff at site “treat you and your child with dignity and respect”

Improvement Initiative Context

1. Improvement Model (what to improve, how you know it, what can you change)

2. Modified learning model

3. Rapid Cycle Testing

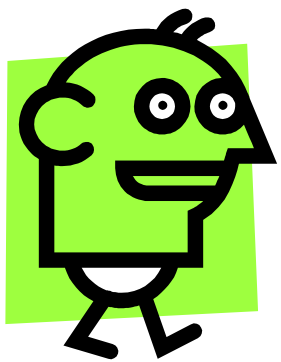
Change Package

- Establish House Rules
  - Standards for customer service
- Customer Service Strategies
  - Scripts and strategies for key “interactions” with patients
- Communication Strategies
  - Heart to Heart, Head to Head Model

Strategies

- **Customer Service**
  - Impressive Greetings
  - Impressive Hand-Offs
  - Impressive Exits
  - Respectful Use of Customers' Names

- **Communication**
  - Listening with Presence
  - Applying the Heart to Heart, Head to Head Model



Provides a strategy that can be applied to a variety of situations, particularly when patients are distressed. Addresses both the empathy to patients and communication of the "facts."

Strategies

- **Cultural Competence Self-Assessment Protocol**
  - **Analysis of current practices**
    - **Ethnic/cultural characteristics and actions related to diversity**
    - **Approaches to accommodating diversity needs**
    - **Links to patients and communities**
    - **Language and communication**
  - **Application to CAHPS Improvement**

Project Initiation: **Month 1**

- Leadership Kick-Off
  - **Identification of core team**
  - **Expectations**
  - **Selection of team members**
  - **Identify priority areas**
- Team Kick-Off
  - **Expectations**
  - **Review of approach, measurement, & communication**
  - **Meeting dates and logistics**

Data Validation & Training: **Months 2 & 3**

- Data Validation
  - **Listening Posts**
  - **Focus Groups**
- Training
  - **Improvement Methodology – PDSAs -**
  - **Data, Measurement, Communication**
  - **Customer Service and Communication Strategies**

Testing/Implementation/Spread: **Months 3-5**

- Testing Phase
  - **Team tests strategies using PDSA methodology**
  - **Data collected monthly**
  - **Leadership reports submitted weekly**
- Implementation Phase
  - **Begins with All-Staff Training**
  - **Strategies rolled out to entire outpatient practice**
  - **Leadership supports and oversees implementation**
- Spread Plan
  - **Guide for managing roll-out and spread**

Support Throughout the Project: **Months 1-5**

- Leadership Development
  - **PCDC coaching and training**
- Data and Measurement
  - **Core Measures**
  - **Interval Measurement: Dress Rehearsals**
- Communication
  - **Weekly reports between team-leadership-PCDC**

Interval Measurement Process

The "dress rehearsal" – Focus on Pilot Population

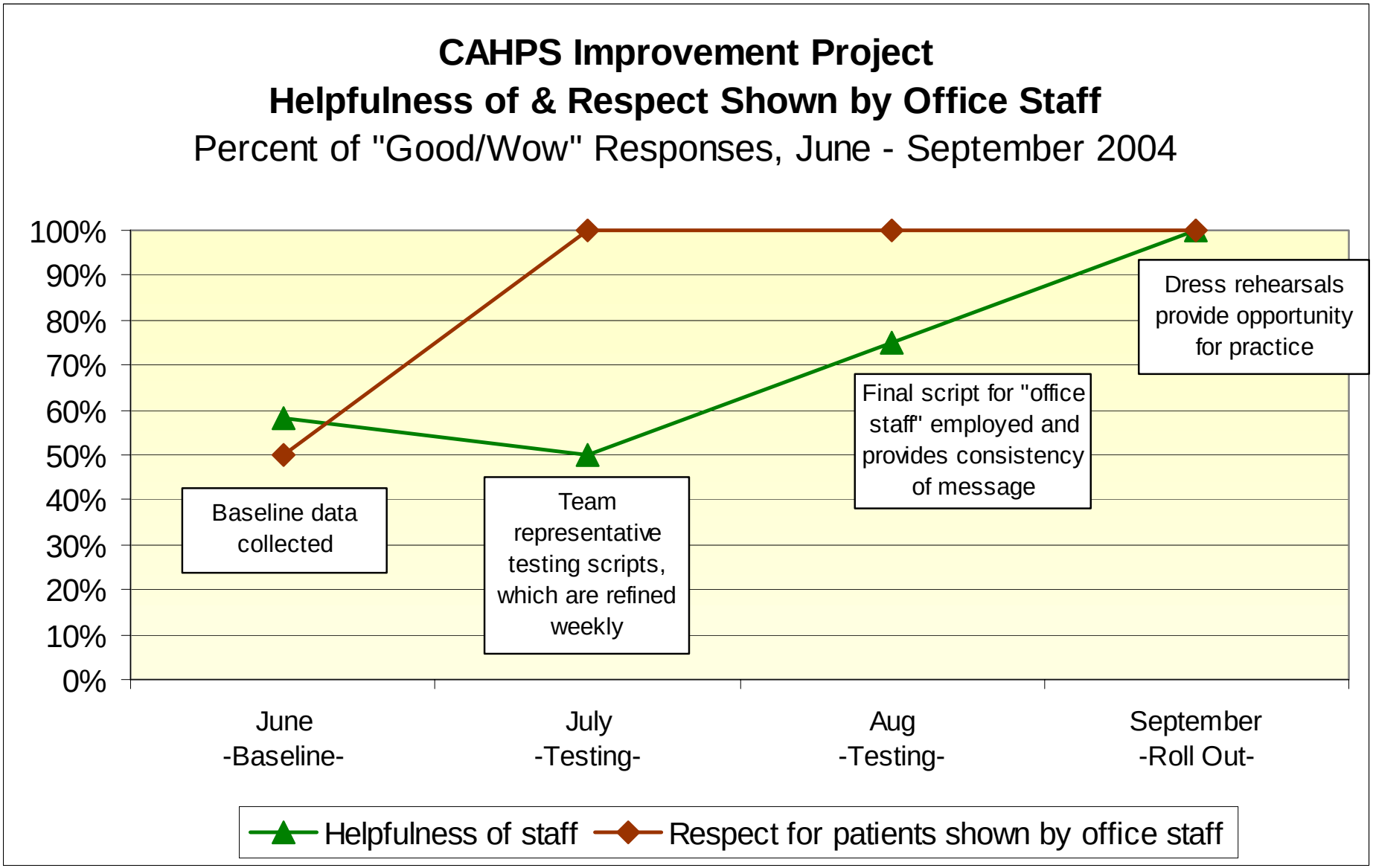
- Team huddles
- Team "takes places" with scripts (to be tested)
- Greeter directs patients being seen by the team
- Patients surveyed upon exit
- Other staff observe (informally)
- Repeated monthly

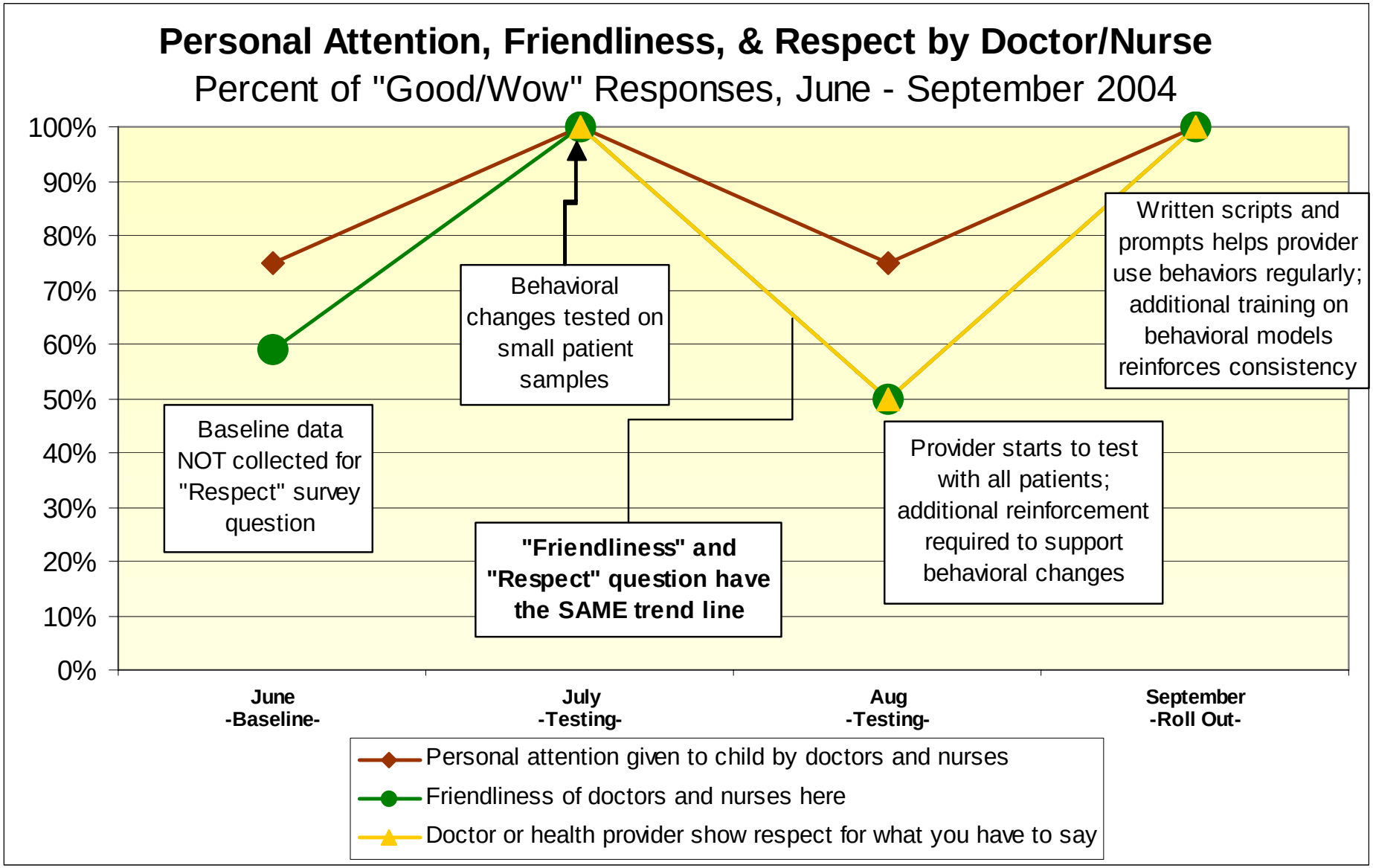
Lessons Learned: The Essentials

- Leadership buy-in and support
- Enthusiastic & engaged team
  - Choose team members carefully
- Opportunity to test strategies
- Well-conceived core measures
- Well-conceived data collection plan
- Mindful of plan for spread from start of project

For Optimum Impact

- Weekly communication tool between team & leadership
- Opportunity to comment on reports
- Process to distribute report – electronically – quickly
- Dress rehearsals: opportunity to practice & collect data
- Efficient team meetings
- Ability to hand-off observations outside scope of project


CAHPS Improvement Project
Helpfulness of & Respect Shown by Office Staff
Percent of "Good/Wow" Responses, June - September 2004
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Baseline data collected
Team representative testing scripts, which are refined weekly
Final script for "office staff" employed and provides consistency of message
Dress rehearsals provide opportunity for practice
June -Baseline-
July -Testing-
Aug -Testing-
September -Roll Out-
Helpfulness of staff
Respect for patients shown by office staff


Personal Attention, Friendliness, & Respect by Doctor/Nurse
Percent of "Good/Wow" Responses, June - September 2004
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
June -Baseline-
July -Testing-
Aug -Testing-
September -Roll Out-
Baseline data NOT collected for "Respect" survey question
Behavioral changes tested on small patient samples
"Friendliness" and "Respect" question have the SAME trend line
Provider starts to test with all patients; additional reinforcement required to support behavioral changes
Written scripts and prompts helps provider use behaviors regularly; additional training on behavioral models reinforces consistency
Personal attention given to child by doctors and nurses
Friendliness of doctors and nurses here
Doctor or health provider show respect for what you have to say

Next Steps: Sustain & Spread

- Transition planning
  - Leadership support to manage roll out
  - Plan schedule for roll out
  - Provide “tested” scripts to staff
  - Develop plan for continued data measurement
- Continue to use pilot team as “ambassadors” to staff at large
- Incorporate core measurement and reporting into existing quality improvement infrastructure (Quality Council)
- Offer kudos to team and leadership

Extension

- Disseminate project materials and results
- Train the trainer model
- Multi-Site Collaborative